

PSYCHICAL TRAUMATISM IN INEBRIETY.

A CLINICAL STUDY.

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CASES like the following come under the constant observation of nearly every physician.

A person in previous good health suffers from a severe attack of typhoid fever, and recovers, but ever after he is aware that he has lost much of his former vigor and strength. Diseases which come on after this seem more severe, and in his opinion there is an intimate connection with the fever which has long ago preceded it.

In a case of pneumonia with full recovery, the function of respiration is never the same. A loss of power is experienced which, although it cannot be defined, is apparent.

In the very common cases of malaria which exists for some time, after recovery there is often a sense of lessened vigor and debility, which may continue through a lifetime. A person suffers from sunstroke and recovers, but ever after there is a peculiar susceptibility to heat influences, and weakness of brain function, which dates from this event.

A simple fracture of the leg, attended with a long period of convalescence, not unfrequently leaves the same entailment of weakness and lessened vital force.

A man of vigor is suddenly overwhelmed with grief at

the loss of relatives, property, or other event which profoundly impresses the organism. Some time after he is aware that he has lost some vital force; his cerebral health is wanting in integrity. He is conscious of a change; and is more susceptible to unfavorable conditions and changes than before.

A railroad accident takes place, many lives are lost, and those who escape uninjured are greatly excited. After a time reaction comes on, and prostration, fever, or some general disturbance of the functions of the body appears. Years after, a large number of these cases will date clearly many disorders or diseases, which they may have, to this event.

The presence of a long-continued, emotional excitement, which for the time is intense and absorbing, is always followed by reaction, and, in many cases, a conscious loss of power that is never regained.

Another class of cases suffer from physical injury, and are always conscious of permanent impairment of health from this event. A man is thrown from a wagon and is made unconscious by the concussion, but recovers soon after. From this time he suffers from a change of character and disposition; later, some form of paralysis or acute inflammation appears, ending fatally. In another case a leg is crushed and amputation follows. The patient recovers and goes about in his usual health. Later, degenerative changes begin in the organism, terminating fatally in phthisis or abscesses of the glandular system. In both of these cases the connection between the injury and later disease cannot always be traced, yet there are unmistakable evidences of diminished resisting power, and conditions favorable to the inception of disease. A man falls from a building, and suffers from no apparent injury, although he complains of exhaustion and an indefinable debility. Months after

acute rheumatism comes on, and continues all his life. He will date this to the injury; and although no connection between them can be clearly made out, it would be presumption to say that it did not exist.

These cases might be multiplied almost indefinitely, and point to a wide range of causes unknown. In many diseases a traumatic cause is hinted at, but it seems not to have entered into the problem of study and treatment. This range of causes may be termed psychical traumatism, because in most cases the injury is at first of a psychical nature. The injury, whatever it may be at first, is literally the point of departure from healthy organic and functional activity.

There may be neurasthenic states of exhaustion, or positive alterations of the nerve-centres, a certain indefinable impairment of nerve force and brain integrity or control. Often this is not manifest by any special class of symptoms, but may be inferred by a general failure of some physiological resisting power essential to health.

These injuries may be properly termed traumatic, because undoubtedly a positive lesion or wound has been received. The patient is aware of it, but cannot describe this condition to others. In a study of inebriety, many of these very conditions appear in the history. We observe an early origin is often noted by some clear history of traumatism. The conclusion is inevitable that the same laws and forces prevail in these cases, although at present unknown.

Nothing can be more illogical than to apply the terms sin and vice in explanation of these cases in the absence of more positive knowledge. Long ago it was noted that injury of the brain and spinal cord was followed by inebriety. Many cases have been published of inebriety following sun-stroke, concussion of the brain, exhausting diseases of any form, or reflex irritation, and as a sequel of other diseases.

The following, from a paper which I read on this subject before the American Association for the Cure of Inebriates, and published in the *Journal of Inebriety*, will more clearly outline this phase of the subject:

"The early history of drinking is often a period of great obscurity, and the patient himself will have no clear idea of the conditions and causes which impel him to use spirits. If he has been taught to consider inebriety a vice and sin, his ideas of the early causes will be governed by this impression. If he has no fixed theories on this point, he will usually have some notion of misfortune and trouble, and consequent despair, associated with the early periods of drinking. From a clinical study the views of the patient may be of value as intimations of his present mental state, and the possible mental conditions which have obtained in the past. In all cases the tendency to exaggerate and prevaricate, without any ascertainable reason, must be considered in the problem of diagnosis. There are two distinct periods in all cases of inebriety. The first, beginning somewhere in the past, unknown and not noticeable to ordinary observers, and terminating with the first excessive use of alcohol. The second, starting from this point, and noted by the occasional or continuous excessive use of spirits, terminating only in death or recovery. This period comes under the observation of friends and relatives, and can be accurately studied, and is supposed to include the entire field of observation. Inebriety begins in the first period, and breaks out in the latter. This first period is not studied; it is in the outer circle, the penumbra, or neurotic stage. The second period is the umbra, and inebriate stage. In this first or neurotic stage, the causes and conditions are as varied and complex as that which produces insanity. Notwithstanding their obscurity, they often present distinct intimations of inebriety far in advance. Every case will be

found to come from some special condition of change or departure from healthy activity in the organism, in which both the function and structure are involved. Even in this early stage, a certain progressive march may be noted, often broken by long, obscure halts, or precipitous strides, changing into varied forms and manifestations of disease. This neurotic stage will be marked, in most cases, by nerve exhaustion, instability of nerve force, and nutrient perversions and disturbances. Not unfrequently delusions and hallucinations about foods and drinks are unmistakable symptoms. Often persons who have never used spirits, and become fanatical in their efforts to reform inebriates, are in this stage, and sooner or later glide into the next one. These are the general indications, associated with innumerable minor hints and symptoms, that follow from all the degrees of inheritance, occupation, surroundings, and all conditions which make up physical and mental health. Traumatism may bring the patient into the first stage, or into the second at once. Or it may leave him susceptible to every physical state and surroundings. Psychical traumatism, or injury from mental agitation or powerful emotions, as a cause of inebriety, may be considered from two points of view."

One, in which heredity or previous neurotic predisposition has prepared the system to suffer from this form of injury.

In the paper above quoted I have mentioned several cases of this character. An outline of two of them will bring out this fact more clearly.

A lawyer, age forty-four, who was a temperate, hard-working man, was made unconscious by a stroke of lightning, and from recovery began to use large quantities of spirits at night. He became an inebriate and died three years after from delirium tremens. His grandfather on his mother's side died from inebriety, and two uncles were inebriates. His mother used spirits freely as a medicine for many years. Here it was clear that an inebriate diathesis existed, and was only developed or exploded by the traumatism.

A farmer who was temperate had suffered some years from nervousness and general hypochondria, was greatly excited at the burning of his barns, supposed to be the work of an enemy. He was laid up in bed for two days, then began to drink brandy, and was intoxicated from this time to death nearly every day. There was no clear history of heredity, but his nervousness and hypochondria seemed to follow from some disorder which began at puberty. Some nerve defect had lessened the vigor and integrity of the organism, and the traumatism followed, bringing out inebriety.

This class is numerous and includes all those who have inherited unstable brain and nerve forces, either from inebriety, insanity, or any form of allied disease in the ancestors. A nervous diathesis is present which simply develops from the action of traumatism.

The second class are those in previous good health, without history of heredity or any nerve defect, who became inebriates from the action of psychical traumatism.

A merchant previously healthy and temperate, forty-five years old, with no neurotic inheritance, was returning from New York City on an evening train, on the Hudson River Railroad. While moving at great speed the cars jumped the track, and ran along on the sleepers for some distance before they were stopped. The sudden alarm, crashing of the windows, and profound agitation from fear of death, produced functional paralysis, and he had to be lifted out of the car. He was taken to a farm-house, and after a few days was able to go home, but complained of exhaustion and neuralgic pains all over the body. He began to use alcohol to intoxication, and could give no reason why he drank. This continued for three years, until death from pneumonia brought on by exposure while intoxicated. Notwithstanding all the efforts of himself, relatives, and family, he drank precipitately to the latest moment of life. He began to drink soon after the injury, calling for it with great urgency. At first it was freely given, until he was so often under the influence that it had to be removed.

The second case of this character was that of a clergyman who was in good health, a man of strong temperance scruples, and very correct in all his habits. The sudden death of his wife from a railroad accident threw him into a low form of nervous fever,

that lasted for two weeks, after which he began to use spirits in large quantities. He claimed that he needed it for exhaustion as a tonic, and fully justified his use of it to intoxication. From this period he drank at all times and places, giving no cause or reason for its use except that of a medicine. He was soon discharged from the church, and became an outcast and inebriate of the lowest grade. He is now serving out a sentence for assault in State's prison. His inebriety began directly from the shock following or caused by intense sorrow and grief.

In both of these cases there was a degree of mental and physical vigor that gave no indications of this sequel, or any neurotic disease. There was no heredity in either case that was prominent, and the inebriety was purely from psychical traumatism.

I am convinced that these cases are common, and have not been noted before. Numerous letters from physicians in all parts of the country, giving me illustrative cases, have been received, indicating a wide field of causes that have never been explained before.

I propose now to study this subject a little further, and show that inebriety may be developed from a distinct physical traumatism.

A merchant aged forty-six began to drink suddenly, and not only failed in business, but became an incurable, notwithstanding every effort and means which a large circle of influential friends could bring to bear to save him. He was well, temperate, and had no history of heredity or disease up to the time of an injury from a fall on his head. He was at this time unconscious for several hours, recovered, and a few weeks after had a severe attack of pneumonia, from which he recovered slowly. After resuming business he suddenly drank to intoxication, and from this time could not and did not control himself. Every state of exhaustion and overwork would be followed by excess in the use of alcohol. The progress of the case was progressively down to the worst chronic stages.

The inebriety dated clearly to some injury of the nerve-centres at the time of the fall, and was further intensified by the pneu-

monia. This was evident by the profound exhaustion and impulsive character of the drinking.

In another case a travelling salesman of thirty-two years of age came under my care for chronic inebriety and kleptomania. He had healthy ancestors, and was temperate and in excellent health up to a severe attack of typhoid fever. The convalescence was protracted over three months. No spirits were given as medicine. Within a week after he resumed work he drank to intoxication. His only reason was great debility, which alcohol relieved. A periodicity in the impulses to drink came on, which was marked by free intervals of sobriety and active efforts to keep from all use of any form of spirits. These intervals grew shorter and the drink impulse more severe. Kleptomania appeared when drinking, and a great deal of mental disturbance followed.

In his sober moments he dated his condition in some unknown way to the typhoid fever.

In this case some lesion of the brain-centres followed from the attack of fever. A literal traumatism had taken place, and the impulsive character of the inebriety and the mental disturbances which followed pointed to this causation.

A number of cases have been reported of inebriety following direct injury of the head or spinal cord; also following severe hemorrhage or extensive wounds of the muscular tissue, and many other conditions in which the organism has suffered from direct injury and lesion. Some curious psychical phases have been noted in these cases, of which may be mentioned this fact: that often the mental state of the patient, when suffering from an excess of alcohol, is an intimation of the causes which have produced the desire for drink. This is so often noted that it may be stated as a general law, that rapid and impulsive delirium of exaltation and grandeur following an excessive use of alcohol points to a traumatic origin. *A*, when drinking, has always delirium and delusions of an elevated character, which are very intense and of short duration. He began to drink after a severe injury in the army. *B* was always delirious after using a few glasses of spirits. Only after

great quantities of spirits were used would he become stupid. After this passed, the same delirium came on. His inebriety dated from a broken leg in a railroad accident. *C* was a bold, generous man, and after drinking was deliriously cautious about every event of life. A delirium of fear and alarm filled every thought. He was a drinking man from the time of a fall from some rocks in the Alps of Switzerland. *D* was full of delirium of grandeur about his prospects and future eminence, after drinking. He was sober up to the time of a narrow escape from drowning.

Another class of cases, in which both physical and psychological traumatism is prominent, appear very often. The following is a good illustration:

A farmer in good health had his hand torn off in a machine and recovered. He suffered from impaired strength and neuralgia for a year or more. Then was shocked by seeing his son drowned, and so much agitated that he could not sleep for many nights. Soon after he began to use alcohol to excess. Such facts in the history of inebriates are not regarded by the friends as of value; hence, are passed over in a general study where the moral side is thought to be of more prominence.

A lawyer received a severe flesh wound from a pistol ball, and one year after suffered from concussion of the brain. He became an inebriate soon after, dating from these double injuries. A farmer was kicked by a horse in the abdomen, and greatly shocked a few months after by the loss of his barns by fire. He became an inebriate from this event. In these cases no heredity and history of drinking before these injuries could be ascertained.

Another class of inebriates have been noted, whose ancestors were insane epileptics or inebriates, and who are peculiarly susceptible to traumatism of both a physical and psychical nature. These cases are always, in their best

state, close to the border-land of disease. Any injury or disease which leaves a profound impression on the system has a strong tendency to merge into severe mental disorder. Psychical injury from shock, failure, or bankruptcy of any kind, is most frequently followed by inebriety.

The inebriety is always of a periodical and dipsomaniacal type. In some cases epilepsy appears, and convulsions, with profound mental disturbances.

Where inebriety is associated with epilepsy, dipsomania, and marked with active delirium, it is in all probability the result of traumatism acting on a degenerate organism.

Cases of so-called alcoholic epilepsy are often traced to traumatism and an insane or inebriate diathesis.

These cases have frequently a strong element of criminality, which appears in a large variety of motiveless crime: impulsive murder, assault, or forgery, without premeditation or apparent object.

Alterations of character, disposition, and temper, nutrient perversions, neuralgias, eccentricities, and many other nameless hints of traumatism and degeneration are present.

Another very interesting class of cases are seen, where traumatism was followed by inebriety, in persons who were previously worn out or exhausted. The business or professional man who is thoroughly exhausted, anæmic, and of low vitality, is always susceptible to traumatic injuries of a psychical nature. If they do not provoke inebriety at once, they develop profound conditions of neurasthenia, for which alcohol may be found to be an exceedingly attractive narcotic, not only quieting the undefinable pain, but masking all the other symptoms and giving an impression of strength.

In this way inebriety is developed with more or less certainty.

It is along this line that the use of alcohol as a remedy is

often used with such bad results. Exhaustion and traumatism have prepared the way, and inebriety follows from the slightest exposure. Clinical histories of cases illustrating these facts are numerous.

Traumatism may be said to act in two ways. The first is by a general shock to the organism, throwing the patient into a susceptible condition, and developing a latent tendency which otherwise might not express itself. This may be from the depressing effects of sudden abstraction of nerve force injuring the nerve and its function. The general method is by direct injury or lesion to the brain or spinal cord, and the consequent irritation and reflex action which follow.

Inflammation and thickening may follow in a slow process.

Some of the practical conclusions which will be apparent may be stated as follows :

1. Traumatism in any form may so impress the organism as to bring on inebriety at once. Alcohol in any form should never be given in cases suffering from the immediate or remote effects of traumatism.

2. All cases of inebriety originate in definite causes, of which traumatism may be very common. Eschars on the head are significant of this causation, and should always be inquired into. Traumatism may serve as an exciting cause, kindling into activity existing nerve degenerations or hereditary conditions.

3. Inebriety can always be traced to some defect of nerve force and physical change, which may come from traumatism direct or indirect. The more thoroughly this is known the more exact the treatment.

4. A full knowledge of the traumatic causes will point out the natural means and methods of treatment. It will help to solve the practical question of restraint, and the value of seclusion and rest.

5. The prognosis of these cases can be more clearly predicted, and the exact means used to prevent the chronic conditions and give the patient the benefit of early treatment.

6. This factor in the causation of inebriety deserves a careful study. From this point of view, many of the obscure cases can be cleared up, and the means and methods for the prevention and cure will be indicated.